## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
Thereby appoint:							
Practitioners associated with the Customer Number.			50670				
OR							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used);							
PARAMETER STATE	Name		Registration Number		ame	Registration Number	
		***************************************					
-	***************************************		annonementers de la company de	000000000000000000000000000000000000000	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
ļ	***************************************			noonoonhavaaaaaaaaaaaaaaaaaaaaaa	<del>augu ki ku ki </del>		
	MATERIAL PROPERTY OF THE PROPE	***************************************		000000000000000000000000000000000000000			
		**************************************		vormoniculus acada a			
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).							
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
The state of the s							
The address associated with Customer Number: 50670							
Paragonal Parago	Firm or						
Individual Name							
Address							
City	City		State		Zip	Zip	
						***************************************	
Country							
Telephone			Fax				
Assignee Name and Address:							
CEDARS-SINAI MEDICAL CENTER							
8700 Beverly Boulevard							
Los Angeles, CA 90048							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/5B/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of							
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,							
and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	accuracion con a contra de la contra del la cont				Date January 26, 2005		
Name		Peter E. Braveman			Telephone (310) 423-5000		
Title	Senior Vice President for Legal Affairs and General Counsel						
(100	## Company						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.